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Bib Data Sheet

CONFIRMATION NO. 8916

<b>SERIAL NUMBER</b> 10/672,815	<b>FILING OR 371(c) DATE</b> 09/26/2003 <b>RULE</b>	<b>CLASS</b> 015	<b>GROUP ART UNIT</b> 1744	<b>ATTORNEY DOCKET NO.</b> 7127-00
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

NONE

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

NONE

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 12/18/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>MA</u> Initials <u>MS</u>				

**ADDRESS**

23909

**TITLE**

Flexible toothbrush head

<b>FILING FEE RECEIVED</b> 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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